



Atty. Dkt. No. 070191-0190 (15 XT 51)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lounsberry et al.

Title: METHOD AND APPARATUS FOR
ASSOCIATING A FIELD
REPLACEABLE UNIT WITH A
MEDICAL DIAGNOSTIC SYSTEM
AND RECORDING OPERATIONAL
DATA

Appl. No.: 09/450,264

Filing Date: 11/29/1999

Examiner: Lau, Tung S.

Art Unit: 2863

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on the date below. <u>CHRIS ESCAVAILLE</u> (Printed Name) <u>Chris Escaville</u> (Signature) <u>5/16/03</u> (Date of Deposit)
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TRANSMITTAL OF APPEAL BRIEF

MAIL STOP APPEAL BRIEF - PATENTS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed, in triplicate, is the Appeal Brief of the Applicants for the above-identified application.

The required fees are calculated below:

<input checked="" type="checkbox"/>	Fee for filing a brief in support of an appeal:	\$320.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$320.00
<input type="checkbox"/>	Fee paid in prior appeal:	\$0.00
	TOTAL FEE:	\$320.00

03/11/2005 TSTEDT05 00000004 070045 00450264

01 FC:1402 ☒ Please charge Deposit Account No. 07-0845 in the amount of \$320.00. A triplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$0.00 is enclosed.

BEST AVAILABLE COPY

- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

5/16/03

By



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